

California Energy Commission

Technical Assistance Application

1. Applicant Information

Applicant*:		County:	
Mailing Address:		City:	Zip:
Street Address:		City:	Zip:
Contact Person:	Title:	Department:	
Phone Number:	Fax Number:	Email:	

2. Project Description

Type of assistance needed: (Check all that apply)

- ☐ Existing facilities energy audit and recommendations
- ☐ New construction energy efficient design
- ☐ Self generation

Discuss your project(s) and why you require technical assistance.

Describe how you plan to implement the recommendations that we may identify, including funding sources.

Describe current contracts or relationships with architects, consultants, energy services companies, utilities or others.

Expected project start date _____ Expected project completion date _____

Indicate your economic criteria for selecting projects (Check all that apply)

- ☐ Projects must have a payback period < _____ years.
- ☐ Projects must have an internal rate of return > _____ %.
- ☐ Other, specify _____

3. Project Team

Title	Name	Phone Number	E-Mail
Project Manager			
Business Manager or Financial Officer			
Electric and Gas Utility Representative			
Consultant/Contractor (if known)			
Specify Other			

*Name of school organization or name of local government, school, college, hospital, special district or public care facility.

4. Provide the following information.

Please prioritize from highest to lowest if you are requesting assistance for more than one facility.
Use additional pages if needed.

Facility Name and Address	Year Built (excluding portables)	Estimated Building Size (sq. ft.)
Example: Pioneer School 1234 Pioneer Street Capitol, CA 95814	1958	35,200

5. I have attached the following information:

- ☐ Governing board resolution
- ☐ Latest 12 months of electric and gas utility bills that show the energy costs and the detailed usage information for each facility account the technical assistance is requested for
- ☐ Any past energy studies for each facility
- ☐ Your site map (e.g., 1-As or a fire evacuation map)
- ☐ Annual financial statements (for non-profit organizations only)
- ☐ Schematic drawings (if available, for new construction only)

I certify to the best of my knowledge that the data in this application are correct and complete.

Authorized Representative**

Name _____ Title _____
Signature _____ Date _____

**Authorized Representative is the one designated by the governing body, in your Resolution, to execute documents in the name of the applicant.

Arnold Schwarzenegger
Governor



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Commission**
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www.energy.ca.gov/efficiency/public_program